

Name  
in  
Full

## CERTIFICATE OF DEATH

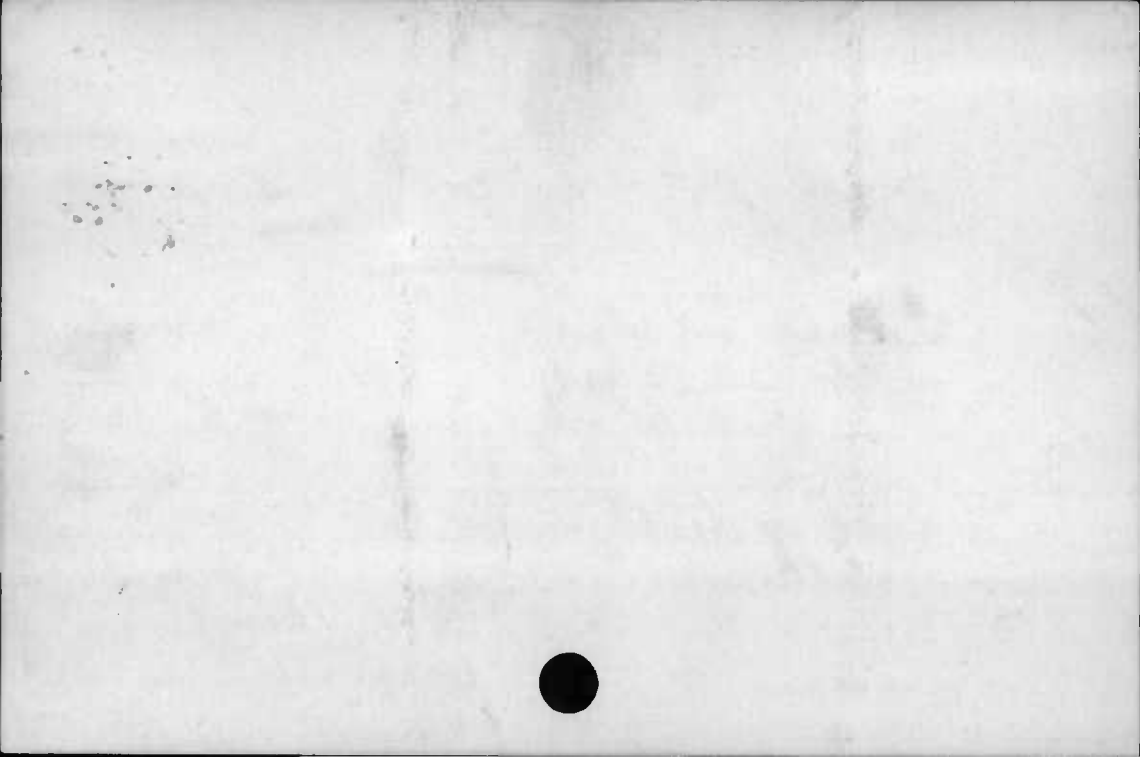
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harre de Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>11</i>	Years <i>65</i>	Months	Days <i>6</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>				
Occupation <i>Baker</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name <i>Samuel Arthur</i>			Father's Birthplace				
Mother's Maiden Name <i>Lindemore</i>			Mother's Birthplace				
Name of person giving information <i>Daughter Mrs Taylor</i>			How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Indigestion</i>	How long
Immediate <i>Acute Indigestion</i>	How long <i>Only a few hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Proctor</i>
	Address <i>Harre de Grace</i>
Accident or Suicide?	



Name

In Full

Unnamed Child

Ayers

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cooztown

Harford

Date

Month

Day

Years

Months

Days

of death 1906

July

1

Age

1 hour

Sex

Female

Color or Race

white

Birth-place

Maryland

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

J. Richard Ayers

Father's Birthplace

Maryland

Mother's Maiden Name

Elmira Boyd

Mother's Birthplace

"

Name of person giving information

Geo. L. Ayers

How related to deceased

Cousin

## CAUSES OF DEATH

Primary

Lack of development

How long

—

Immediate

Asthma

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. F. Bradley

Address

Garrettsville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

To the President of the University of California

Name  
in  
Full

Marie Bachman

## CERTIFICATE OF DEATH

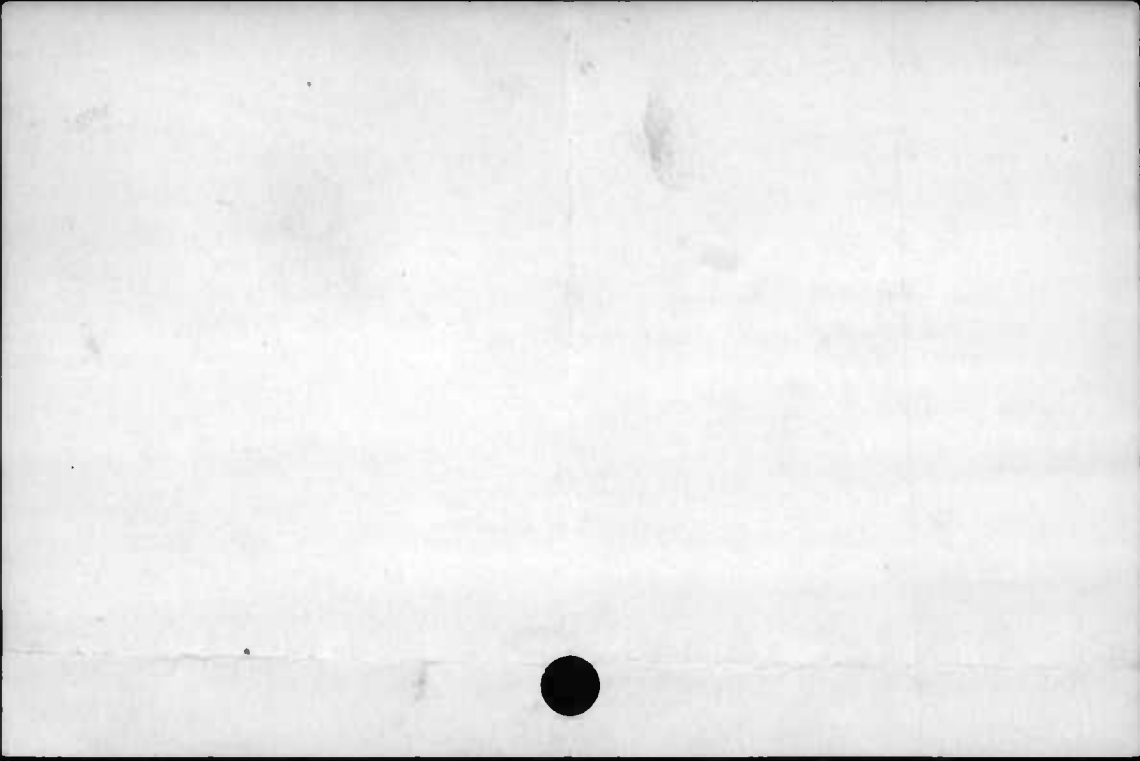
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bagley		County Harford		MARYLAND	
Date of death		1906	Month July	Day 21 <sup>st</sup>	Age Years	Months Six	Days 11
Sex Female		Color or Race White		Birth-place Md.			
Occupation				Where Residing if not at place of death Harford Cw. Md.			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		C. William Bachman				Father's Birthplace Md.	
Mother's Maiden Name		A. R. Brach				Mother's Birthplace Md.	
Name of person giving information		C. William Bachman				How related to deceased Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera - Infantum	How long	18 hours
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Jno. S. Green	
		Address Hittings, Md.	
Accident			



Name  
in  
Full

Hollin Beaumont

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Mountain Green		Barford		MARYLAND	
Date of death		1906	Month	July	Day	3	Age
						Years	67
						Months	1
						Days	9
Sex		Male		Color or Race		White	
Occupation		Mechanic		Birth-place		Md	
				Where Residing if not at place of death		Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Mary Jane Beaumont	
Father's Name		Mifflin Beaumont		Father's Birthplace		Pa	
Mother's Maiden Name		Mary Lake		Mother's Birthplace		Pa	
Name of person giving information		Mary J. Beaumont		How related to deceased		Wife	

## CAUSES OF DEATH

Primary	Cancer of Stomach	How long	3 yrs
Immediate	Cancer	How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Geo. W. Davis

Address

Pleasantville

Accident or Suicide?

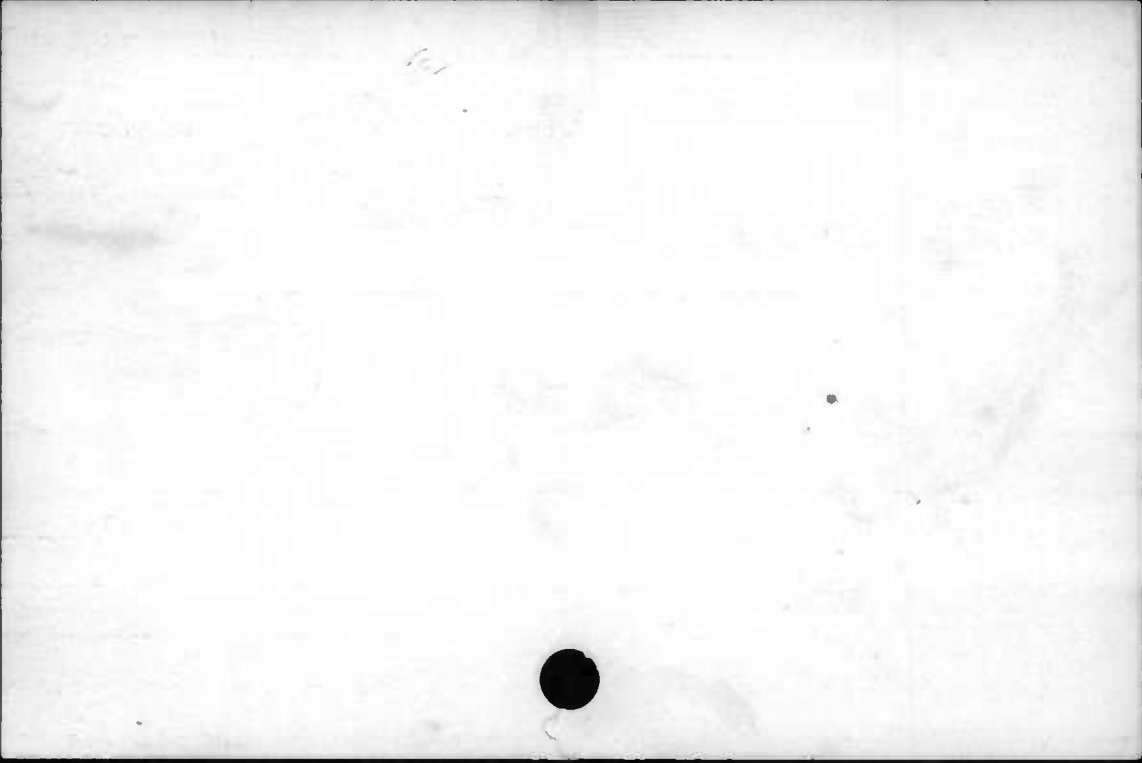
Md

MAJORITY  
RECORDED

CAUSE OF DEATH



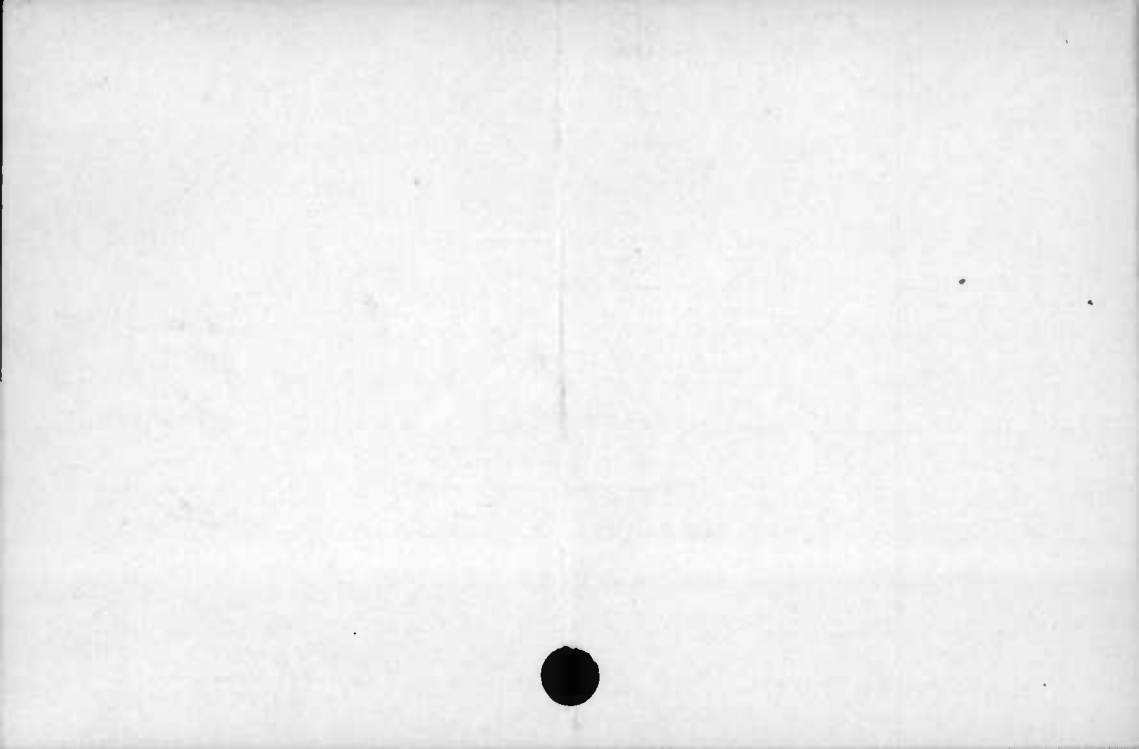
Name in Full		Town				County				CERTIFICATE OF DEATH													
TO BE ANSWERED BY NEAREST FRIEND		Died at		Harford				Harford				MARYLAND											
		Date of death		1906		Month		July		Day		16		Age		Years		Months		7 or 8		Days	
		Sex		Male				Color or Race		White				Birthplace		Harford							
		Occupation								Where Residing If not at place of death													
		Married, Single or Widowed								Name of Wife or Husband													
PHYSICIAN OR CORONER		Father's Name		Cecil Bowman								Father's Birthplace		Harford Co.									
		Mother's Maiden Name		Violet Whitney								Mother's Birthplace		Harford									
		Name of person giving information		Mrs. Whitney								How related to deceased		Grandmother									
		CAUSES OF DEATH																					
PHYSICIAN OR CORONER		Primary		Infection from nose								How long		Several days									
		Immediate		Convulsions								How long		Few hours									
		Are the name, age, sex, color, date and place correctly given above?		Yes								Signature of Physician		R. H. Smith									
												Address		Harford									
		Accident or Suicide?																					



Name in Full		Lewis A Brown				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Died at		Michael's Run	Harford				
		Date of death	1906	Month	July	Day	13	Age	61
		Sex		Male	Color or Race	Black	Birthplace	—	
		Occupation		Labourer		Where Residing if not at place of death			
		Married, Single or Widowed		Single		Name of Wife or Husband			
		Elizabeth Brown							
Father's Name		Unknown				Father's Birthplace	—		
Mother's Maiden Name		—				Mother's Birthplace	—		
Name of person giving information		William A. Brown				How related to deceased	Son		

### CAUSES OF DEATH

PHYSICIAN OR CORONER		Primary	Nephritis	How long	6 Mos.
		Immediate	Heart Failure	How long	—
		Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. H. Knite
		Address		Aberdeen Md.	
Accident or Suicide?		—			



Name  
in  
Full

Samuel E. Butler

## CERTIFICATE OF DEATH

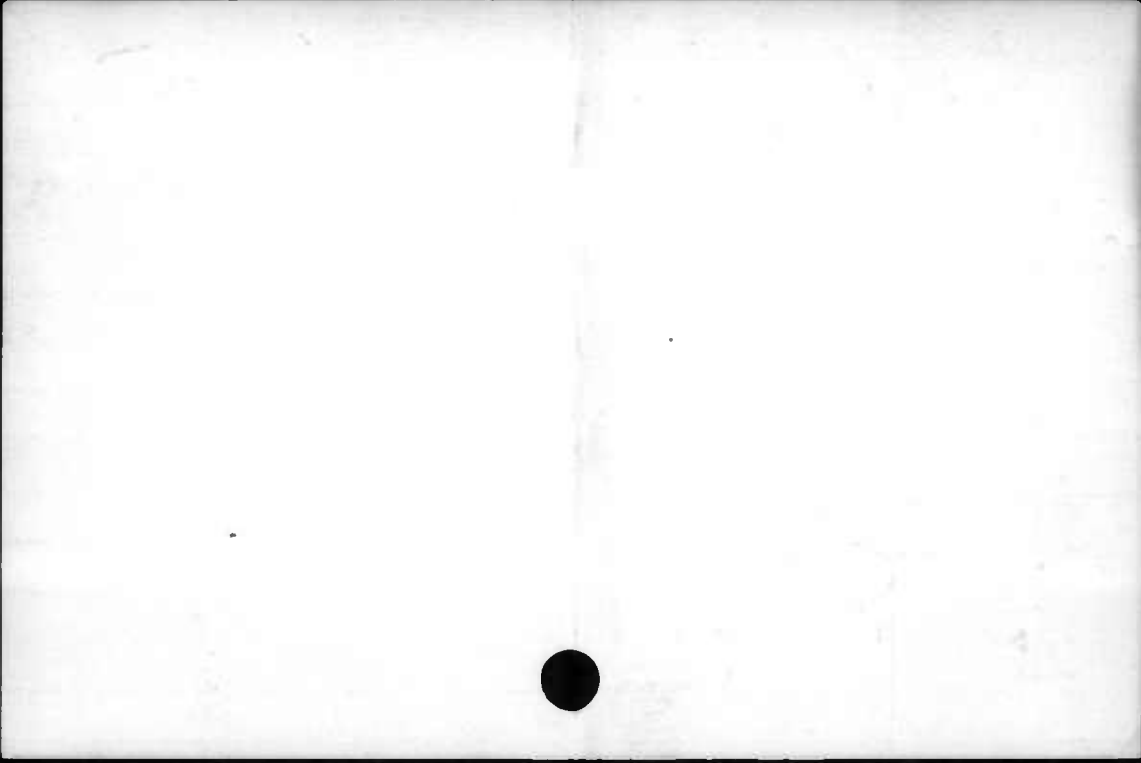
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stemwell</i>		Town <i>Hayford</i>		County		MARYLAND	
Date of death 1906	Month 7	Day 22	Age 53	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth- place			
Married, <del>Single</del> <del>or Widowed</del>			Occupation <i>Labourer</i>				
Name of Wife or Husband <i>Annie Butler</i>							
Fether's Name				Fether's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation <i>Annie Butler</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic nephritis</i>	<i>(20)</i>	How long <i>Several years.</i>
Immediate <i>Edema of lungs</i>		How long <i>2 or 3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. F. Van Bibber</i>	
	Address <i>134 Air Md.</i>	
Accident or Suicide? <i>No</i>		



Name  
In  
Full

Rosa A Callahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Beale</u> <small>Town</small>		<u>Hampden</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>July</u> <small>Day</small> <u>2</u> <small>Years</small> <u>16</u> <small>Months</small> <u>—</u> <small>Days</small> <u>—</u>		Sex <u>female</u> <small>Color or Race</small> <u>White</u>		<small>Birth-place</small> <u>Maryland</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Chas J Callahan</u>		Father's Birthplace <u>Connecticut</u>			
Mother's Maiden Name <u>Mary N Bodana</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>Chas J Callahan</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary tuberculosis</u>	How long	<u>1 year</u>
Immediate	<u>Exhaustion</u>	How long	<u>Several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. F. Vant Bibber</u>	
		Address <u>Bel Air</u>	
Accident or Suicide? <u>No</u>		<u>Md.</u>	

St Ste. Bells



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Edith V Collins</i>		Town <i>Thalma</i>		County <i>Harford</i>		MARYLAND	
Died at							
Date of death		Month		Day		Age	
1906		July		15		16	
Sex		Color or Race		Birth-place			
Female		Black		Ind.			
Occupation		Where Residing if not at place of death					
		Thalma					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Samuel Collins		Margaret Dutton		Ind.		Ind.	
Name of person giving information		How related to deceased					
Samuel Collins		Father					

## CAUSES OF DEATH

Primary

*Gastro-Enteritis (105) 2 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*E. W. Lamour*  
*Street Do.*  
*Ind.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

Warks Chapel

Warks Chapel

Warks Chapel

Name  
in  
Full

Rachel W. Collins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Easton</i>		<sup>County</sup> <i>Harford</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>5</i>	Age <i>78</i> Years	Months _____ Days _____
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>MD</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death <i>Same</i>		
Married, <del>Single</del> <i>Married</i>			Name of Wife or Husband <i>James Collins</i>		
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name <i>Jane Ash</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Mary Taylor</i>			How related to deceased <i>Grandchild</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular heart disease</i>	How long <i>79</i> <i>Several years</i>
Immediate <i>Kidney Complication</i>	How long <i>2 or 3 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. L. Hopkins</i>
	Address <i>Harvill Grove</i>
	<i>MD</i>
Accident or Suicide? _____	



Name  
in  
Full

Mary Dallam

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pylesville</i>		County <i>Harford</i>		MARYLAND	
Date of death	1906	Month	July	Day	19
Age	19	Years	19	Months	7
Sex	Female	Color or Race	White	Birth-place	Pylesville
Occupation			Where Residing if not at place of death <i>Pylesville</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Charles Dallam</i>			Father's Birthplace	
Mother's Maiden Name	<i>Miss Roberts</i>			Mother's Birthplace	<i>The Rocks</i>
Name of person giving information	<i>Charles Dallam</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>1 week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>C. W. Harmon</i>
		Address	<i>Steel Pk. Ind.</i>
Accident or Suicide?			



Name  
in  
Full

*Martin Fahey*

CERTIFICATE OF DEATH

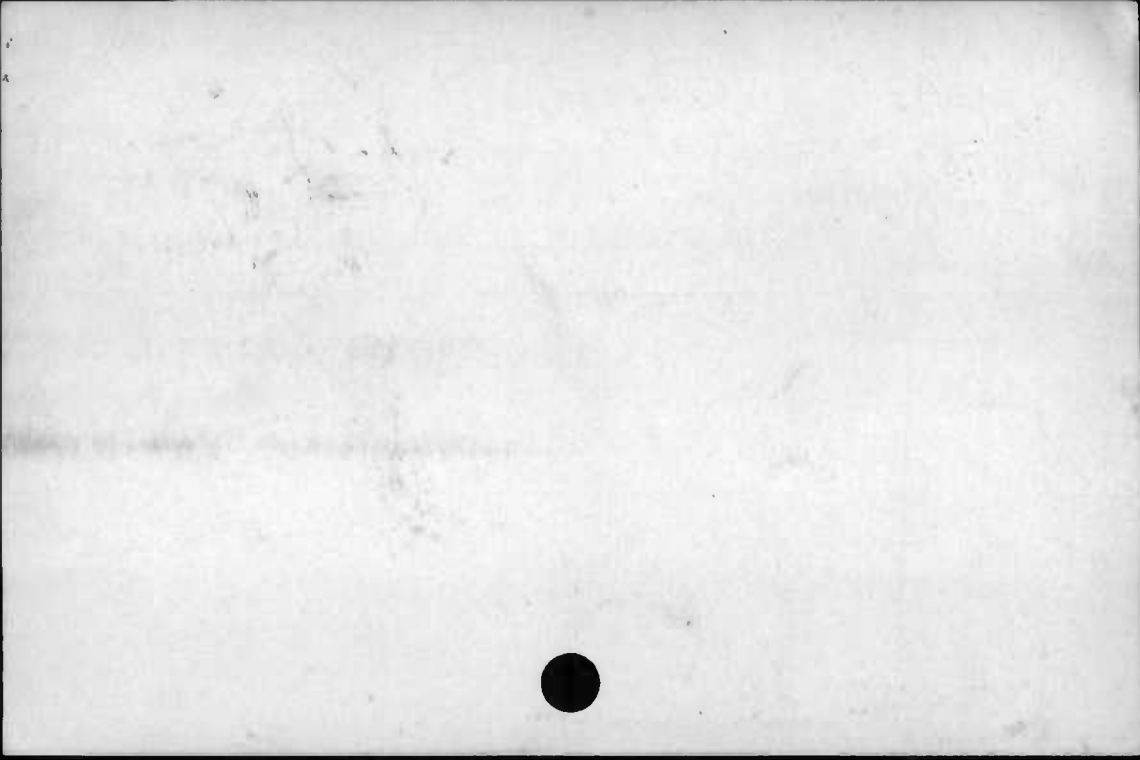
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>aldino</i> Town		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>21</i>	Age _____	Years _____	Months _____ Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>aldino</i>		
Occupation _____	Where Residing If not at place of death _____				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>John Fahey</i>	Father's Birthplace <i>ind</i>				
Mother's Maiden Name <i>Mary Farrell</i>	Mother's Birthplace <i>ind</i>				
Name of person giving information <i>John Fahey</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>150</i>	How long
Immediate <i>malformation of heart</i>		How long <i>all life</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Hopkins</i>	
	Address <i>Stare de Grace</i>	
Accident or Suicide?		





Name  
in  
Full

Rebecca Glenn Forwood

CERTIFICATE OF DEATH

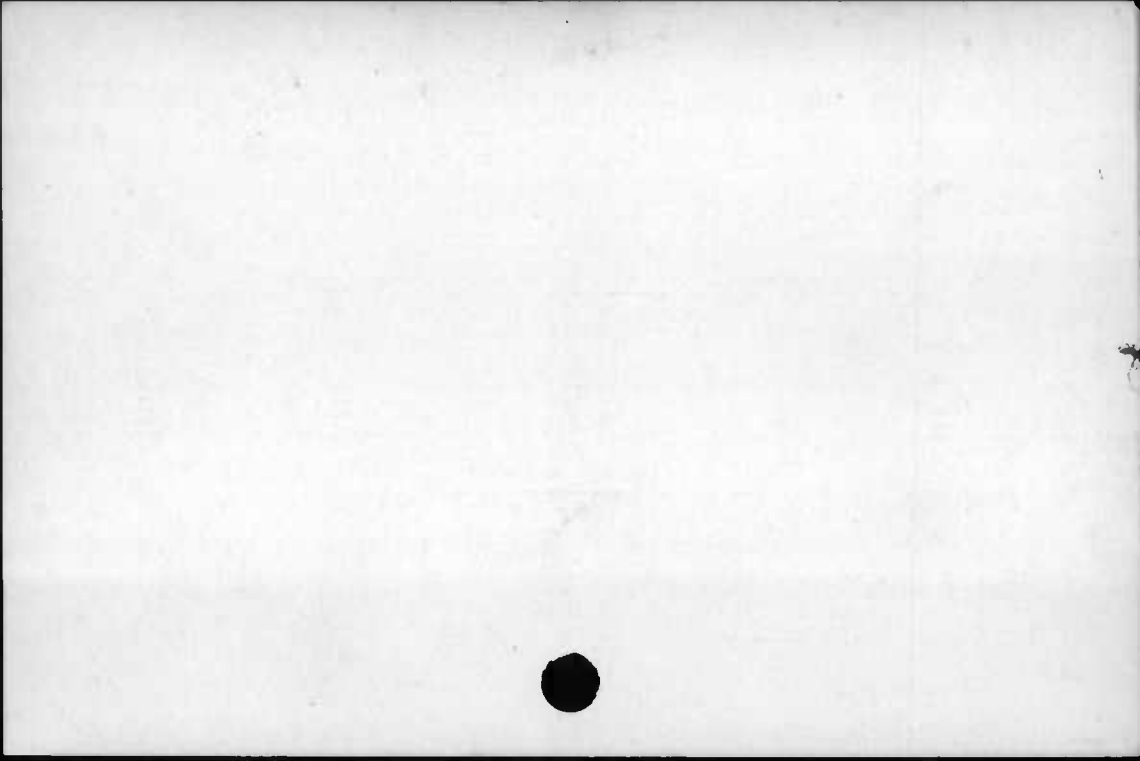
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i> <sup>Town</sup>		<i>Hawford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>30</i>	Age <i>75</i>	Months <i>4</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Hawford Co Md</i>		
Occupation _____			Where Residing if not at place of death <i>Bel Air Md</i>		
Married, Single or Widowed <i>Widow</i>		<del>Name of Wife or</del> <i>Wm. L. Smithson</i> <sup>Husband</sup> <i>Forwood</i>			
Father's Name <i>Nathan Glenn</i>			Father's Birthplace <i>Hawford Co</i>		
Mother's Maiden Name <i>Elizabeth Butler</i>			Mother's Birthplace <i>Hawford Co</i>		
Name of person giving information <i>Geo. Norbury MacKenzie</i>			How related to deceased <i>Son in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sepsis</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>14</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Hallingworth</i>
	Address <i>Bel Air Md</i>
Accident or Suicide? _____	



Name in Full		CERTIFICATE OF DEATH			
Robt Osburn Hardesty		Town Glenville		County Harford	
Died at		State MARYLAND			
Date of death 1906		Month July	Day 25	Age Years	Months Days 9
Sex Male	Color or Race White	Birth- place Md			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Robt Hardesty		Father's Birthplace Md			
Mother's Maiden Name Beulah Clark		Mother's Birthplace Md			
Name of person giving In formation Mrs Geo M Smith.		How related to deceased no relation			
CAUSES OF DEATH					
Primary Premature birth		How long 9 days			
Immediate Premature birth		How long 9 "			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W D Kirk			
		Address Darlington Md.			
Accident or Suicide?					

1844 (1845) Nov 27

Dear Sir

My

Yours

Yours

Yours

Name  
in  
Full

Robert Heaps

## CERTIFICATE OF DEATH.

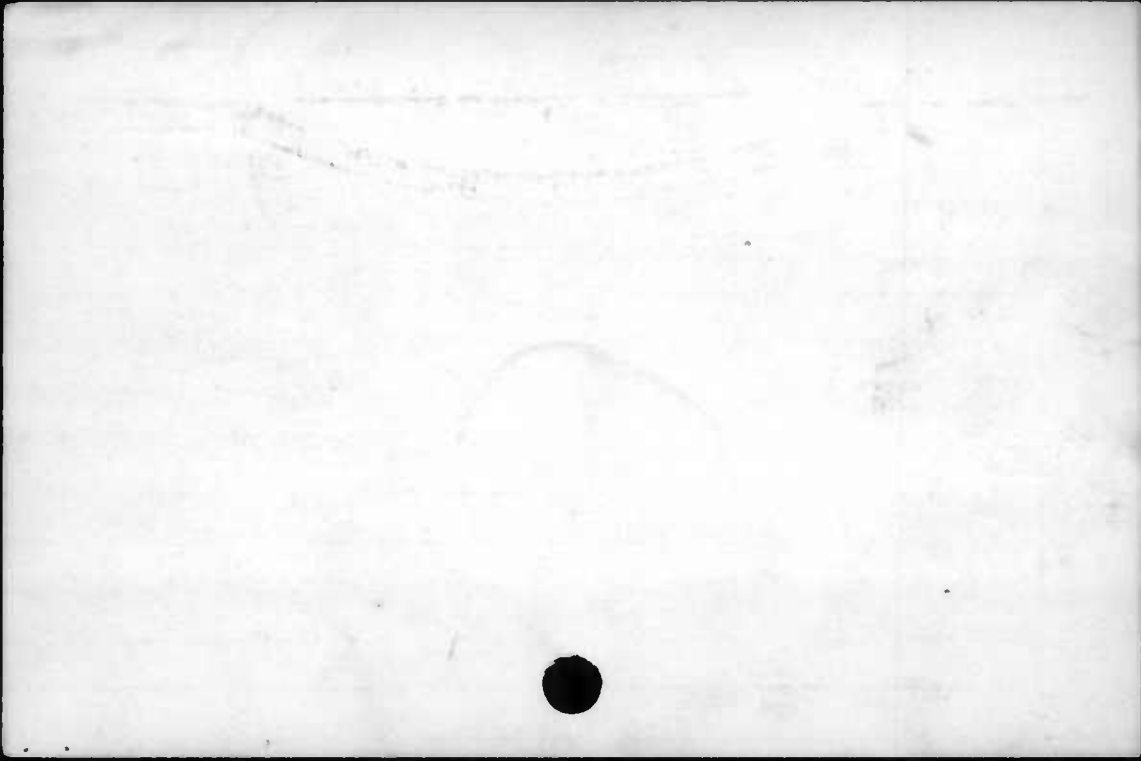
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prospect.</i>		Town <i>Hayford</i>		County		MARYLAND	
Date of death	1906	Month	July	Day	1	Age	Years 78
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Farmer			Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed	Married		Name of Wife or Husband <i>Mary Ann Houbert</i>				
Father's Name	<i>Robert S. Heaps</i>					Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Sallie Motter</i>					Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Dr. R. Warren Ramsay</i>					How related to deceased	<i>None</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis of Brain</i>		How long	<i>(66)</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>R. Warren Ramsay</i>	
			Address <i>Deer Pa</i>	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

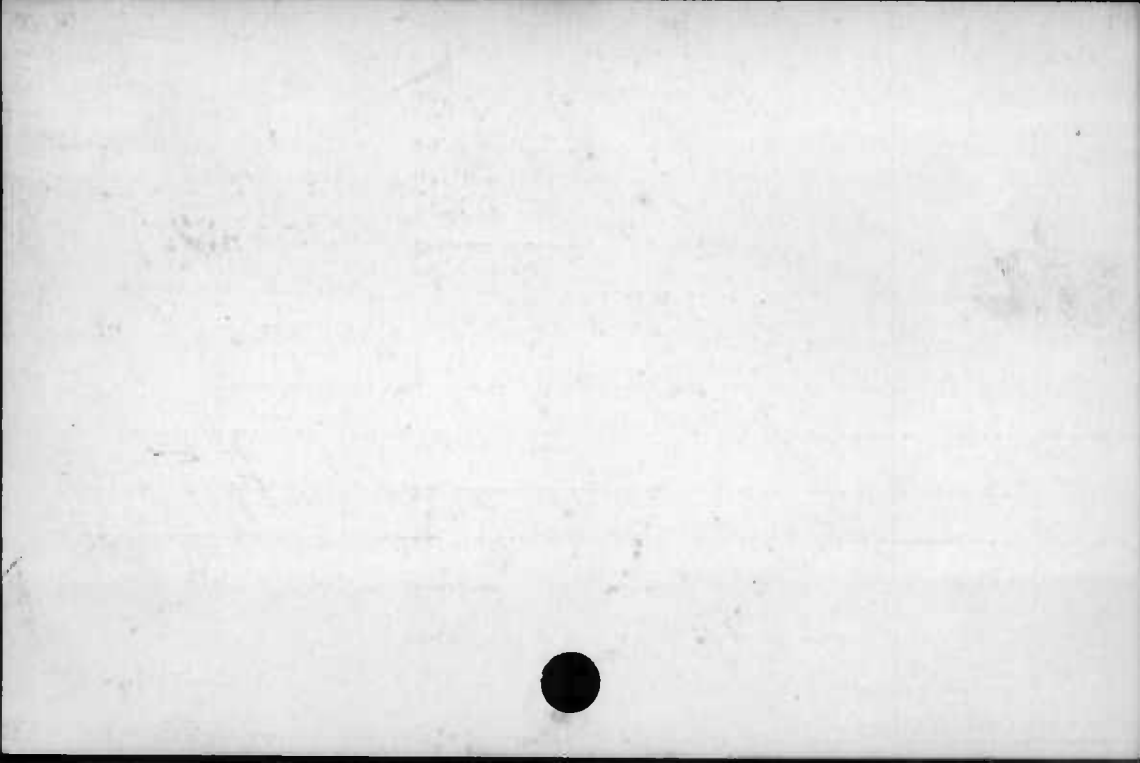
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hyland		County Harford C		MARYLAND					
Date of death 1906		Month July		Day 20		Age 1		Months 3		Days	
Sex Female		Color or Race white		Birth- place Harre de Grace							
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name Hyland				Fether's Birthplace							
Mother's Maiden Name				Mother's Birthplace							
Name of person giving In formation Morris				How related to deceased							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis (6)	How long	6m days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. C. Broth's	
Address		Harre de Grace	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bel Air</u> <sup>Town</sup>		<u>Harpord</u> <sup>County</sup>		MARYLAND									
Date of death	1906	Month	July	Day	15	Age	3	Years		Months		Days	
Sex	Female		Color or Race	Black		Birth-place	Ind.						
Occupation						Where Residing if not at place of death	Bel Air						
<del>Married</del> Single						Name of Wife or Husband							
Father's Name	Walter Jenkins					Father's Birthplace	Ind.						
Mother's Maiden Name	Meranda Knapp					Mother's Birthplace	Ind.						
Name of person giving information	Meranda Jenkins					How related to deceased	Mother						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus -	How long	Several months
Immediate	Cardiac asthma	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. F. Vant Bibber
		Address	7 Bel Air
Accident or Suicide?	No		Ind.

Tabelle

TO BE ANSWERED BY  
NEAREST FRIEND

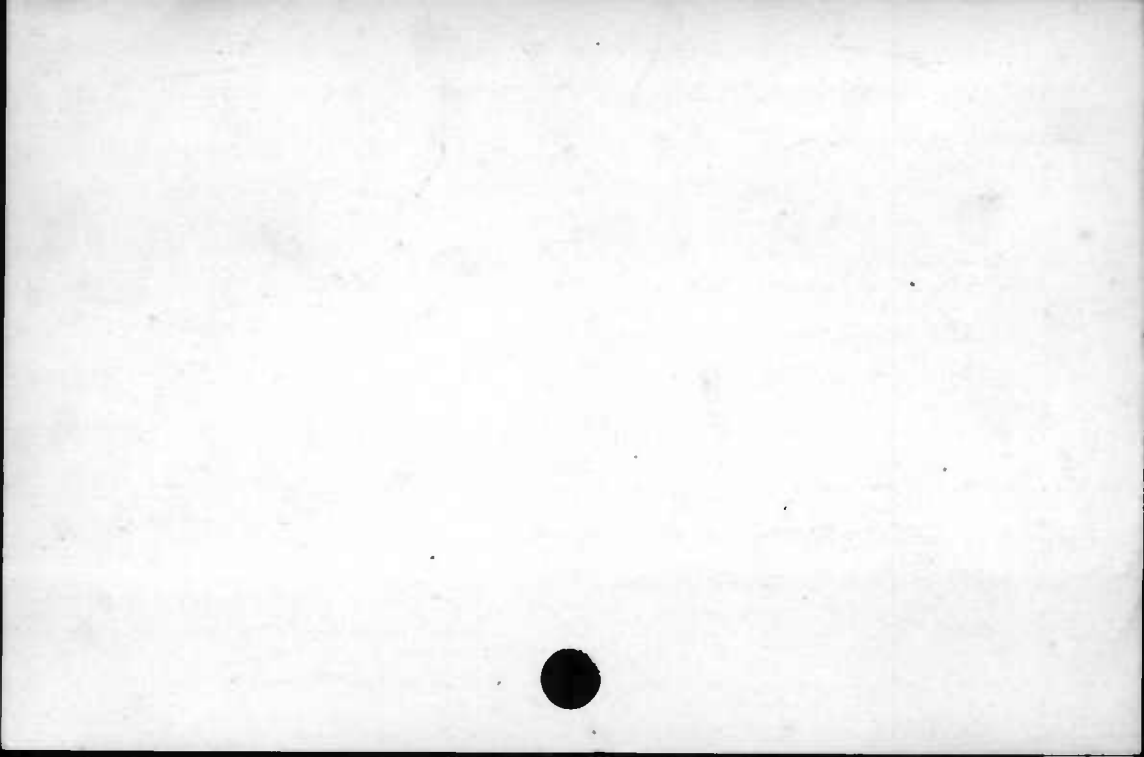
CERTIFICATE OF DEATH

Died at <i>Whiteford</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1906 July -</i>	<i>20</i> <small>Day</small>	<i>71.2</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>	
Sex <i>male</i>	Color or Race <i>white</i>	Birth place <i>Whiteford</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Mary J. Jones</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>old age</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>2nd days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. W. E. Arthur</i>
	Address <i>Cardiff Md</i>
Accident or Suicide?	



Name  
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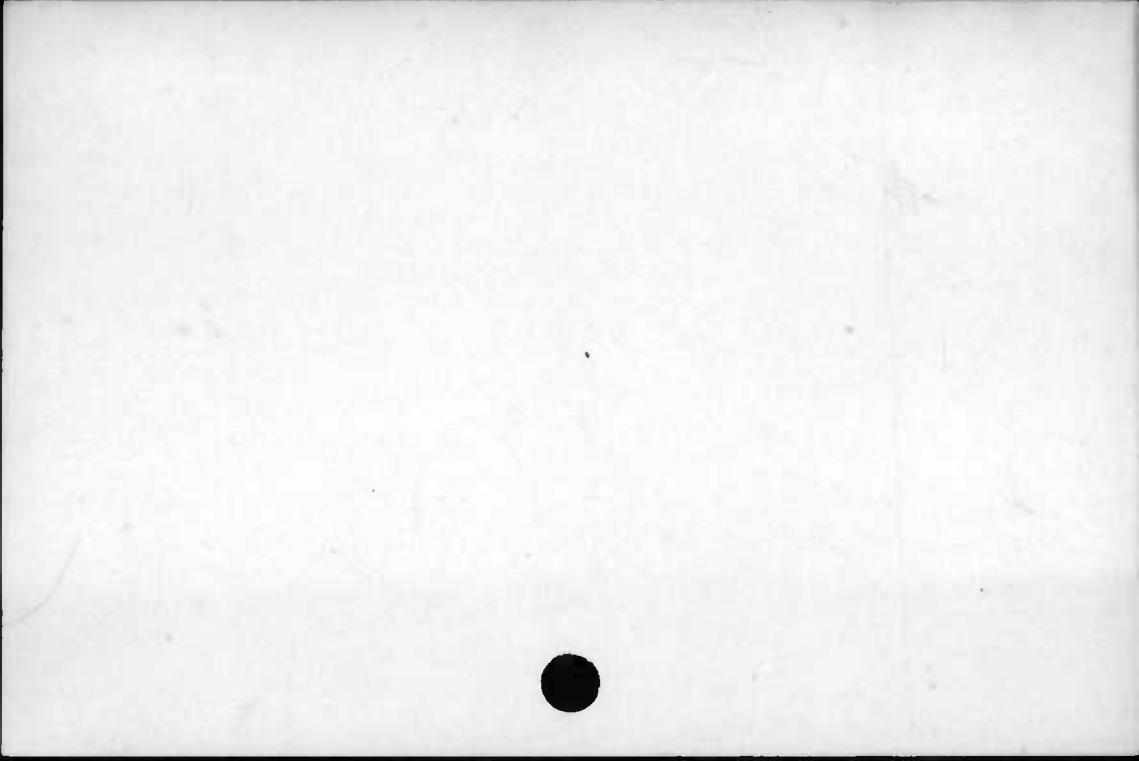
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Gertrude Kirby</i>		Town <i>Boothby</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Boothby</i>		Month <i>July</i>		Day <i>31</i>		Years <i>8</i>	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>31</i>		Age <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co., Md.</i>		Months <i>4</i>	
Occupation <i>School Girl</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward Kirby</i>		Father's Birthplace <i>Cecil Co.</i>					
Mother's Maiden Name <i>Lydia Binnington</i>		Mother's Birthplace <i>Harford Co.</i>					
Name of person giving information <i>Edward Kirby</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>8 days</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. H. Kiehl</i>
	Address <i>Abertown, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

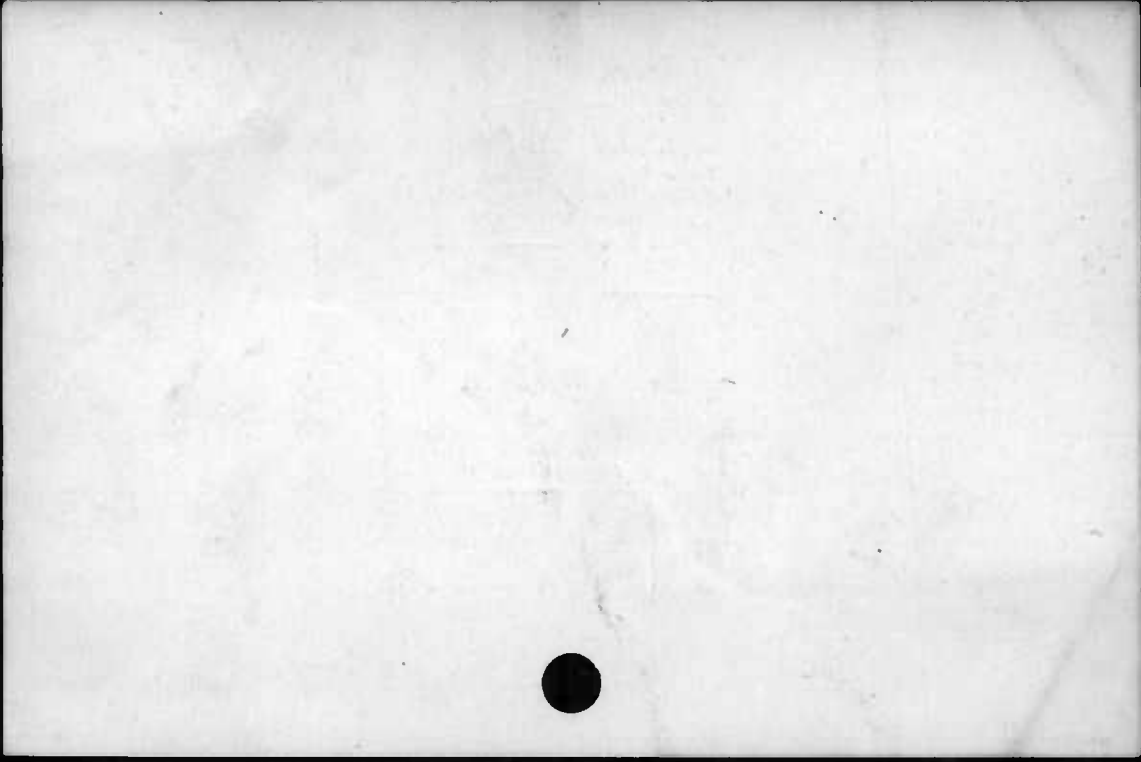
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hanover Grace</i> <sup>Town</sup>		<i>Hanford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>21<sup>st</sup></i>	Age <i>15</i> <sup>Years</sup>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>J. M. Lassiter</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name			Mother's Birthplace <i>Virginia</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Drowned</i>	How long	
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>A. C. Crothers</i>	
Accident or Suicide? <i>Accident</i>		<i>Hanover Grace Maryland</i>	





Name  
In  
Full

## CERTIFICATE OF DEATH

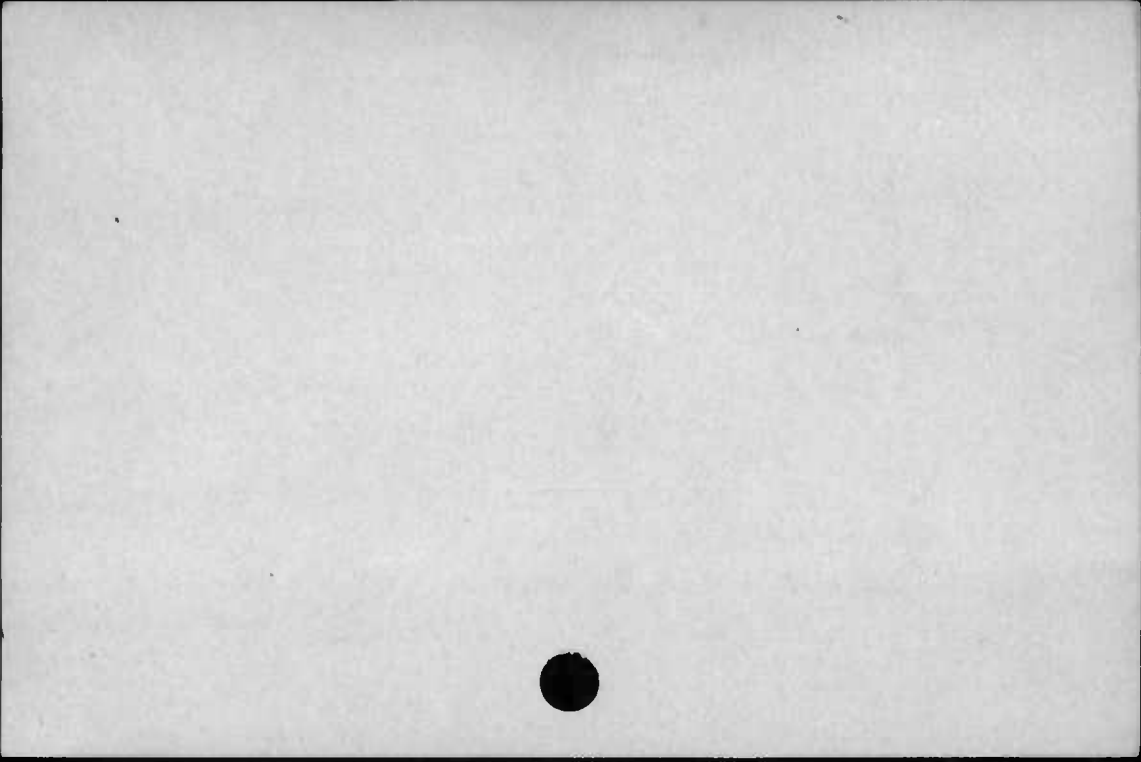
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Francis Henry Lomax Jr</i>		Town <i>Bush River</i>		County <i>Harford</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>5<sup>th</sup></i>		Age <i>16</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St. Marys County</i>			
Occupation <i>School Boy</i>		Where Residing if not at place of death <i>Baltimore</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Francis Henry Lomax</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Almira Elizabeth</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Joseph M. Lomax</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Drowned</i>	How long	<i>—</i>
Immediate	<i>Drowned</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond Brown</i>	
		Address <i>Sewell Md.</i>	
Accident or Suicide?		<i>Accident</i>	



Name  
in  
Full

McLean

## CERTIFICATE OF DEATH

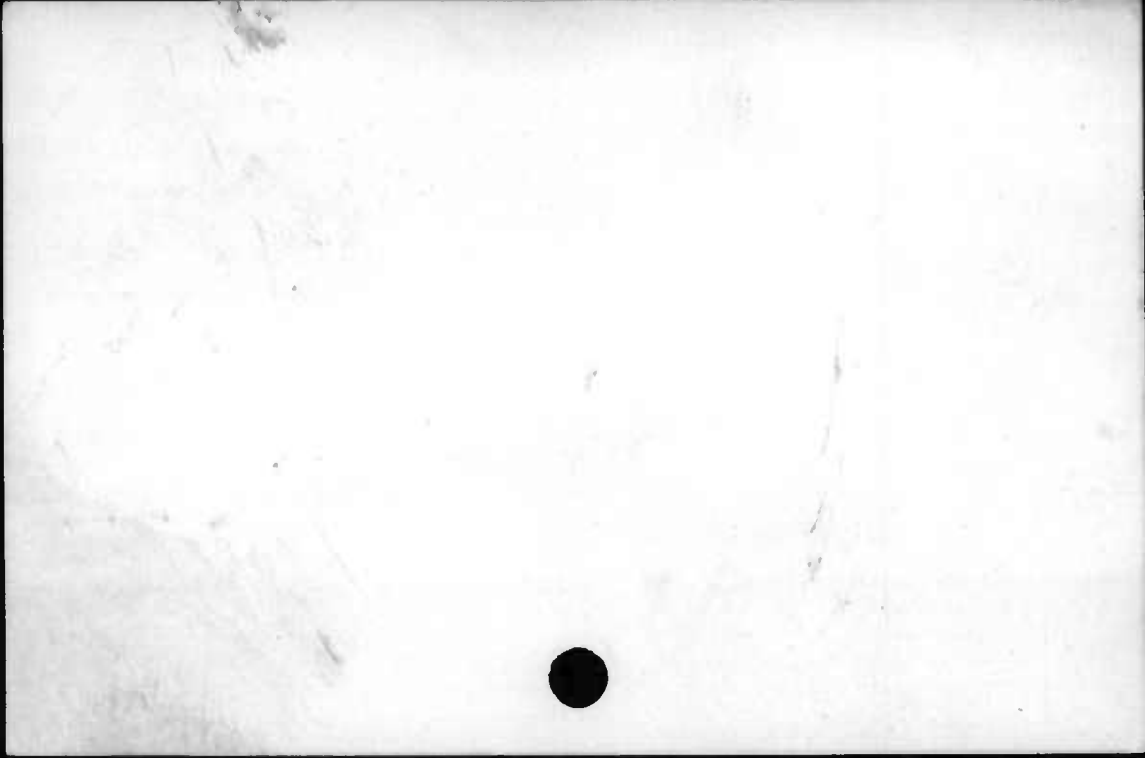
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>upper Woods</i>	County <i>Harford</i>		MARYLAND		
Date of death		1906	Month <i>July</i>	Day <i>20</i>	Age Years	Months	Days <i>9</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Geo McLean</i>		Father's Birthplace					
Mother's Maiden Name <i>Metta Higgin</i>		Mother's Birthplace <i>Queen Co Md</i>					
Name of person giving In formation <i>Geo McLean</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Non assimilation of food</i>	How long <i>---</i>
Immediate <i>Infantile indigestion</i>	How long <i>three days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Oscar H McNeemar,</i> Address <i>Jarrettsville Md</i>
Accident or Suicide?	



Name  
in  
Full

Uriah Minnick

## CERTIFICATE OF DEATH

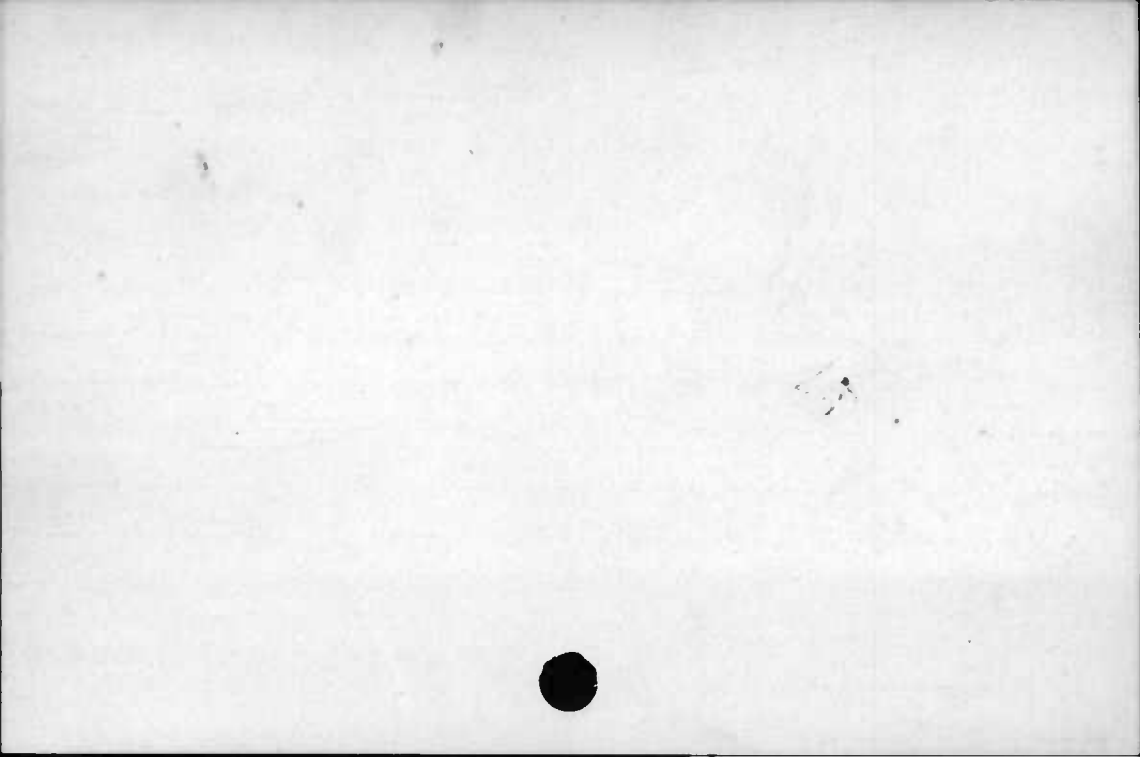
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hickory		Harford					
Date of death	1906	Month	July	Day	22	Age	85
Sex	Male	Color or Race	White	Birth-place	Pa.	Months	8
Occupation	Carpenter		Where Residing if not at place of death		Hickory		
Married, Single or Widowed	Single		Name of Wife or Husband		Eliza A. Minnick		
Father's Name	Jacob Minnick		Father's Birthplace		Pa.		
Mother's Maiden Name	Elizabeth Porter		Mother's Birthplace		Balto		
Name of person giving information	Emma L. Gnapton		How related to deceased		Daughter		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's disease	How long	120	How long	six months
Immediate					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	William J. Archer		
		Address	Bel Air Md		
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

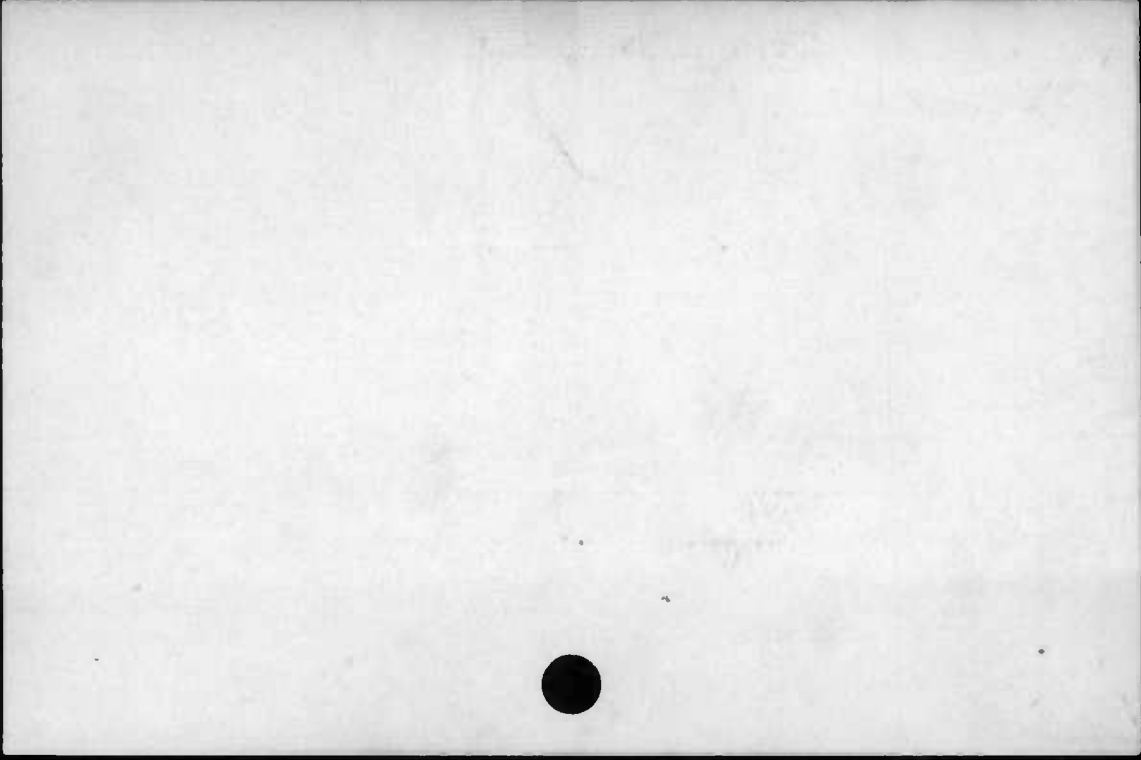
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Ellen Thollaway</i>		Town <i>Belair</i>		County <i>Sharford County</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>18. th</i>		Years <i>32</i>	
Date of death		<i>1906</i>		Age		Months <i>32</i>	
Sex <i>Woman</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles E. Thollaway</i>					
Father's Name <i>William Th. Barrett</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Maggie E. Sweeney</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Maggie E. Maddox</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

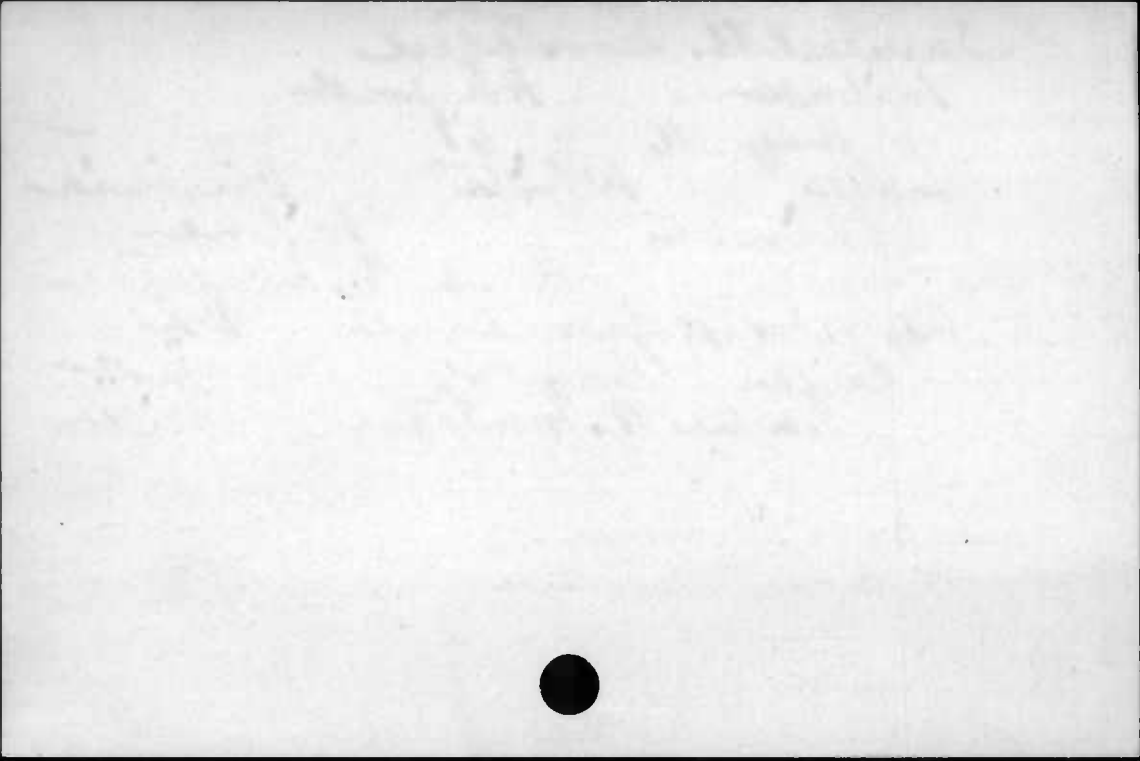
PHYSICIAN  
OR CORONER

Primary <i>Acute Gastritis</i>	How long <i>104</i> <i>4 days</i>
Immediate <i>11</i>	How long <i>11 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Noel Robinson</i>
	Address <i>Belair, Md.</i>
Accident or Suicide?	





Name In Full		Samuel H. Montague				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Wilna		Harford			
	Date of death	1906	Month July	Day 16	Years 61	Months —	Days —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Printer		Where Residing if not at place of death		Wilna	
	Married, <del>Single</del> or Widowed			Name of Wife or Husband		Anna R. Montague	
	Father's Name	Augustus F. Montague				Father's Birthplace	Va.
	Mother's Maiden Name	Eliza Gregory				Mother's Birthplace	Ind.
Name of person giving information	Anna R. Montague				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gastro Enteritis			How long	30 years	
	Immediate	Heart Failure			How long	1 week	
	Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician		
					Address		
					Fork Ind.		
Accident or Suicide?							



Name  
in  
Full

Emma Isabella Norris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Upper + Roads</u>		County <u>Harford</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>10</u>	Age <u>40</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Negress</u>	Birth-place <u>Maryland</u>			
Occupation <u>Wash woman</u>	Where Residing if not at place of death <u>Upper + Roads</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Harry Norris</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Caroline E. Norris</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Geo. W. Norris</u>	How related to deceased <u>Brother</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Heart Disease</u>	How long <u>—</u>
Immediate <u>Heart Failure</u>	How long <u>Suddenly</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. F. Bradley</u>
	Address <u>Jamettville</u>
Accident or Suicide?	<u>MD</u>



Name  
in  
FullElizabeth Effie Pardew  
Dublin Town Hartford County

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1906

Month

7

Day

8

Years

Age

Months

4

Days

19

Sex  
Female  
OccupationColor or  
Race

White

Birth-  
place

Dublin

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

J. R. Pardew

Father's  
Birthplace

Bedford Co., Pa.

Mother's  
Maiden Name

Elizabeth M. Waters

Mother's  
Birthplace

Montg. Co., Md.

Name of person giving  
In formation

J. R. Pardew

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

How long

Immediate

How long

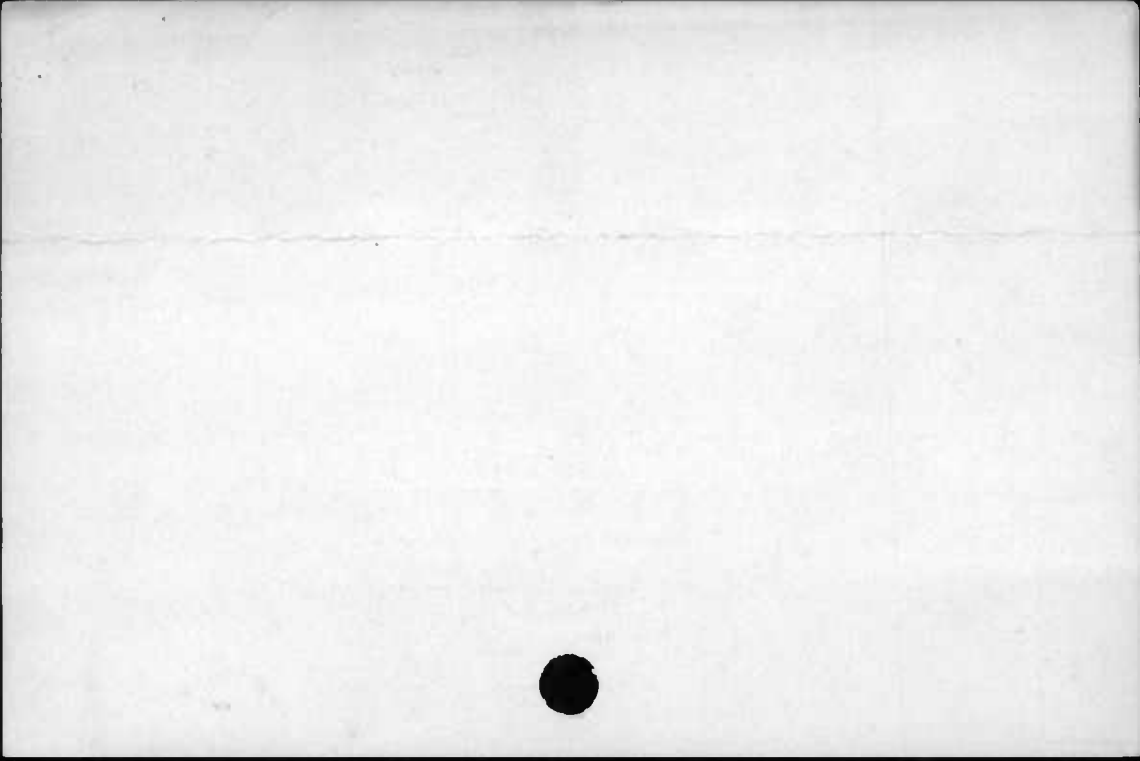
Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harrods Grace</i>		Town <i>Pennington</i>		County <i>Harford Co</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>11</i>	Age <i>84</i>	Years <i>11</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>—</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Robt. Pennington</i>				Father's Birthplace <i>Harrods Grace</i>			
Mother's Maiden Name <i>Ann B. Boyd</i>				Mother's Birthplace <i>Pratt Co</i>			
Name of person giving information <i>Physician</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

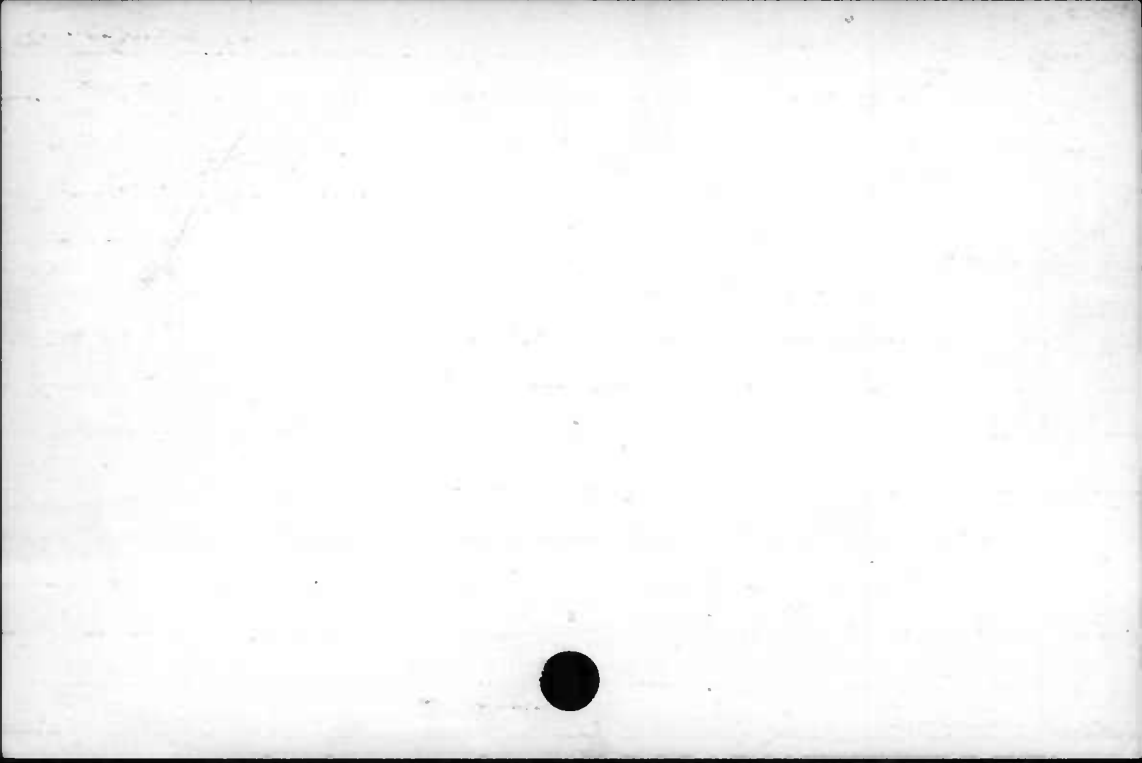
PHYSICIAN  
OR CORONER

Primary <i>In Consumption</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>CC Goshier</i>
	Address <i>Harrods Grace</i>
Accident or Suicide?	





Name in Full		Bertha Eleanor Phillips				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Hwy Branch		County Harford		
		Date of death		Month 1906 July	Day 30	Years —	Months 6	Days 21
		Sex		Female		Color or Race		White
		Occupation		—		Birth-place		Maryland
		Where Residing if not at place of death		—				
		Married, Single or Widowed		Single		Name of Wife or Husband		—
		Father's Name		Luther Phillips		Father's Birthplace		md
Mother's Maiden Name		Florence Robinson		Mother's Birthplace		md		
Name of person giving information		Luther Phillips		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Cholera Infantum		How long		1 day
		Immediate		Convulsions		How long		10 hours.
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. Willard Stirling,
				Address		Shaver,		
		Accident or Suicide?		—				md.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Whitefield</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	July	Day	24
Age	93	Years		Months	3
Sex	male	Color or Race	white	Birth-place	Pa
Occupation	<i>Shoemaker</i>				
Where Residing if not at place of death			_____		
Married, Single Widowed			Name of Wife or Husband <i>Mary</i>		
Father's Name <i>Henry Poff</i>			Father's Birthplace _____		
Mother's Maiden Name <i>Leontine</i>			Mother's Birthplace _____		
Name of person giving information <i>Hugh Poff</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>old age</i>	How long	_____
Immediate	<i>Birth</i>	How long	<i>born with</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. W. E. Arthur</i>
		Address	<i>Cardiff Md</i>
Accident or Suicide?	<i>No</i>		

~~Wrightsville~~  
Wrightsville  
July. 26/06

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name John Wm Poole Town Hickory County Harford MARYLAND  
Died at  
Date of death 1906 Month July Day 24 Age 1 Years 1 Months 1 Days  
Sex Male Color or Race White Birth-place md  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name James A. Poole Father's Birthplace md  
Mother's Maiden Name Mary E. Slade Mother's Birthplace md  
Name of person giving information James A. Poole How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Inanition How long Since birth  
Immediate Intestinal indigestion How long few hours  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A. F. Van Bibber, M.D.  
Address T. Bel Air  
Accident or Suicide? No md.



Name  
in  
Full

## CERTIFICATE OF DEATH

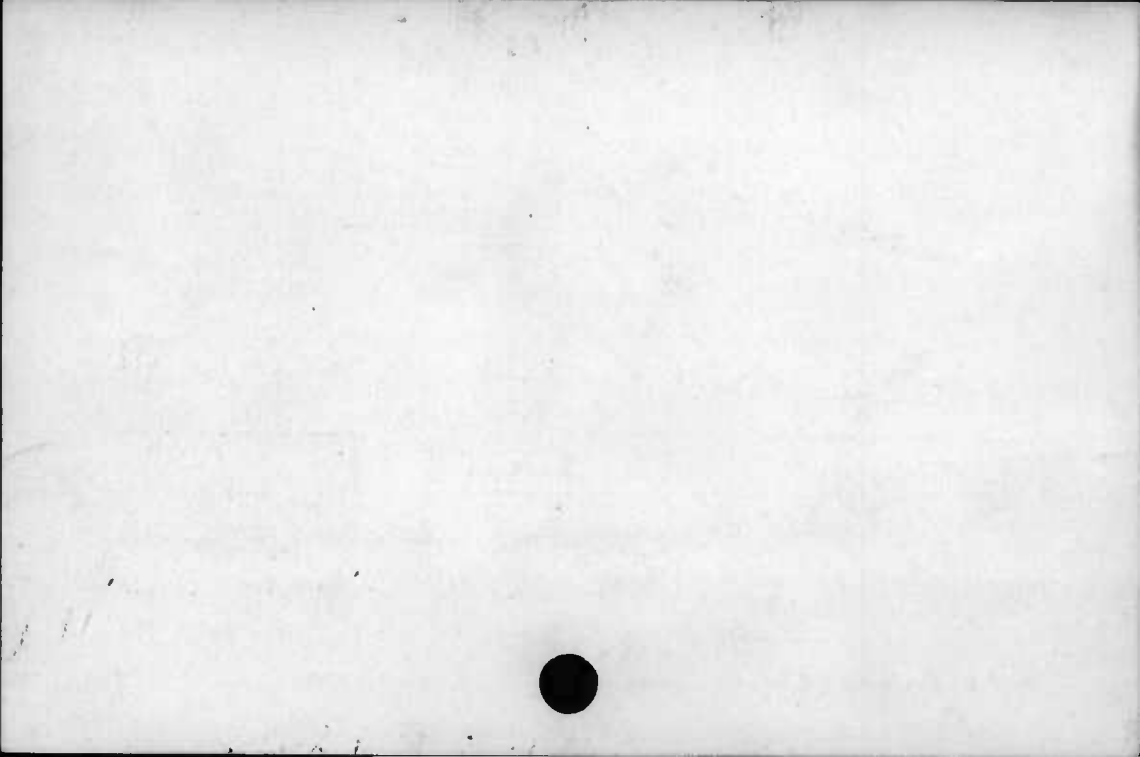
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harrods Grove</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>30</i>	Years <i>74</i>	Months <i>9</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Harford</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Genl Price</i>				
Father's Name <i>Ernest S Hughes</i>	Father's Birthplace <i>Harford</i>				
Mother's Maiden Name <i>Senah Mitchell</i>	Mother's Birthplace <i>Harford</i>				
Name of person giving information <i>Daughter</i>	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Alteration of bowels</i>	How long <i>Many years</i>
Immediate <i>(Heart) Arteriosclerosis</i>	How long <i>Some months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Albion</i>
	Address <i>Harrods Grove</i>
Accident or Suicide?	





Name  
in  
Full

Deborah W. Reese

CERTIFICATE OF DEATH.

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fallston</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>28</i>		Age <i>51</i> <sup>Years</sup>		<i>6</i> <sup>Months</sup> <i>30</i> <sup>Days</sup>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Occupation <i>Asst. Fore Lady</i>		Where Residing if not at place of death <i>Harford Co. Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Single</i>			
Father's Name <i>Geo. Reese</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Rebecca A. Eachus</i>		Mother's Birthplace <i>Pa.</i>			
Name of person giving information <i>Mrs Susan Stump</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>120</i> <i>6 months</i>
Immediate <i>Complication of Disease</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>as far as I can ascertain</i>	Signature of Physician <i>Geo. W. Davis</i>
	Address <i>Pleasantville Md.</i>
Accident or Suicide? <i>No</i>	



Name,  
in  
Full

## CERTIFICATE OF DEATH

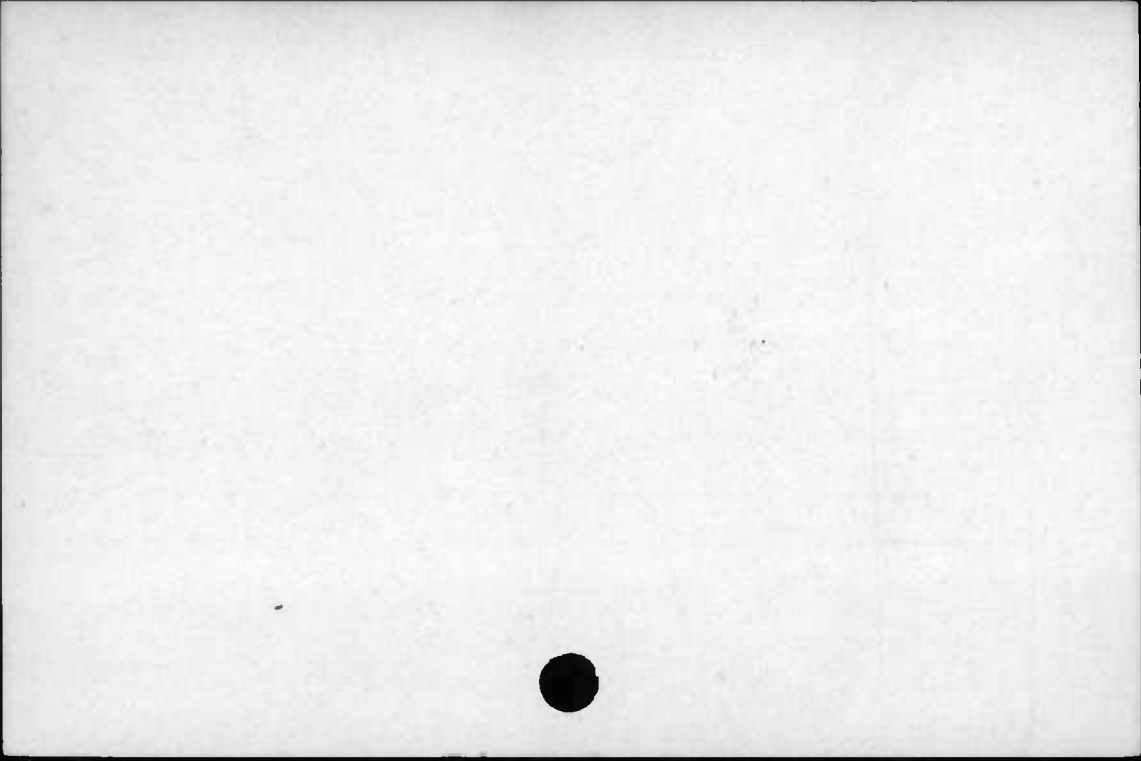
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i> <sup>Year</sup>	<i>June</i> <sup>Month</sup>	<i>20</i> <sup>Day</sup>	<i>6</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>
Occupation			Where Residing if not at place of death <i>133 Rodgers St Bel Air Md</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Drowning -</i>	How long	<i>few minutes</i>
Immediate		How long	<i>172</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. F. Van Bibber</i>	
<i>Yes</i>		Address <i>Bel Air Md.</i>	
Accident or Suicide? <i>Accident</i>			



Name  
in  
Full

Robert - James Washington Smith

## CERTIFICATE OF DEATH

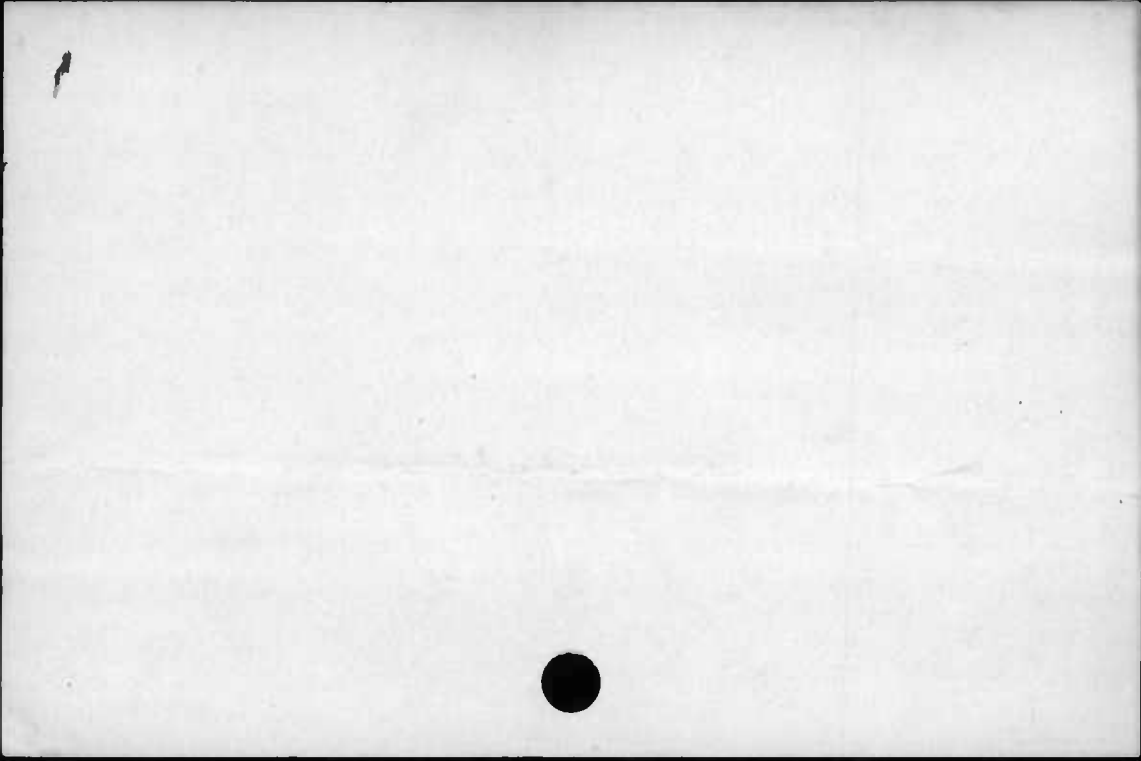
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mechanicville		County Hays		MARYLAND	
Date of death	1906	Month July	Day 20	Age Years	Months 8	Days 20	
Sex	Male		Color or Race	Black		Birth- place	Mechanicville
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Ed Brown			Father's Birthplace	
Mother's Maiden Name			Sarah R Smith			Mother's Birthplace	
Name of person giving In formation			Caroline Smith			How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mpe rupture	How long	1 week
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		J. H. Otis	
		Perryman	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

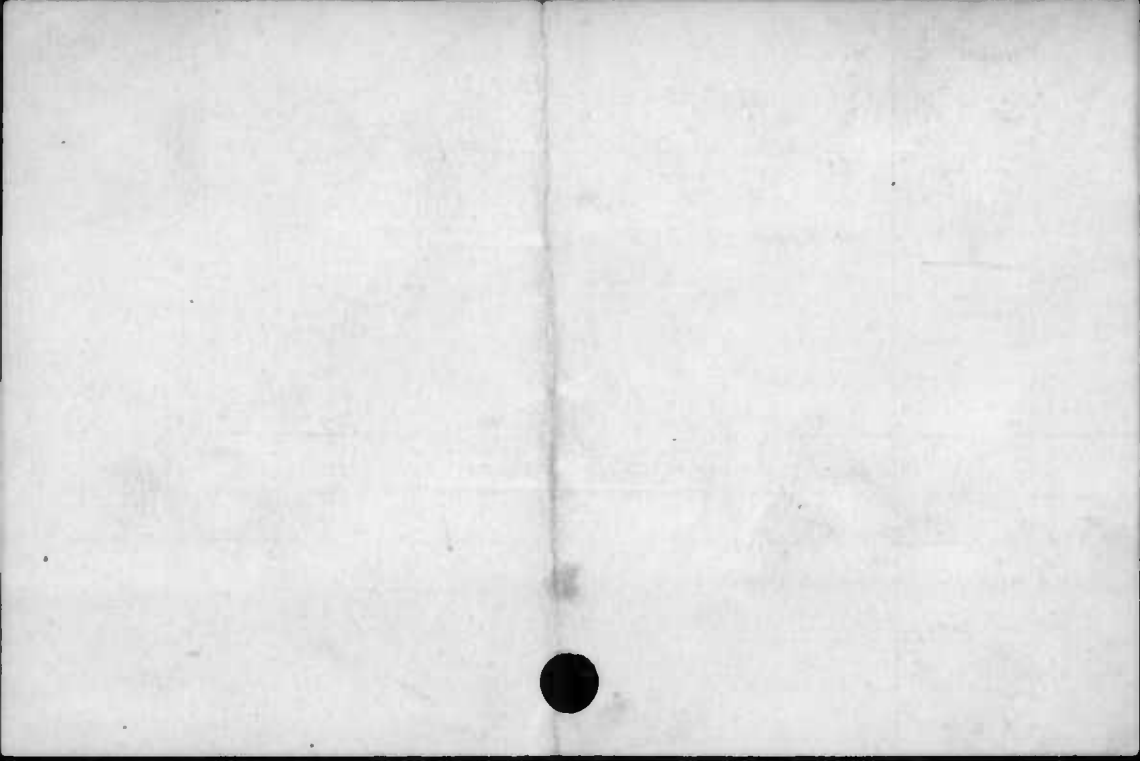
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Michael Lee</i>		Town <i>Michael Lee</i>		County <i>Hayward</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>8</i>	Age <i>67</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Hayward Cal</i>				
Occupation <i>Horsekeeper</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Benjamin Liden</i>			Father's Birthplace <i>Hayward Cal</i>				
Mother's Maiden Name <i>Daphna Williams</i>			Mother's Birthplace				
Name of person giving information <i>W. Elizabeth Hall</i>			How related to deceased <i>Son-in-law</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>7 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Kennedy</i>
	Address <i>Woodmen Ind.</i>
Accident or Suicide?	





Name  
in  
Full

Goldsmith Thompson

## CERTIFICATE OF DEATH

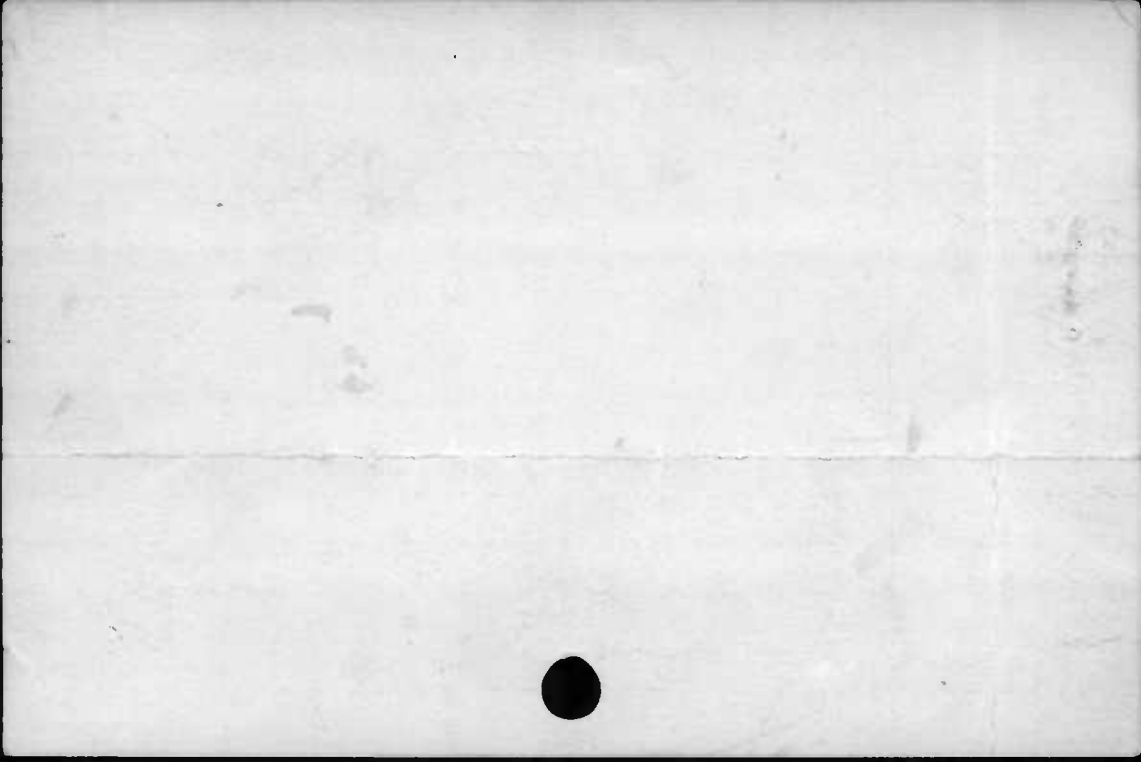
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Van Bibber</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>10</i>	Age <i>72</i>	Months <i>7</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or <del>Husband</del> <i>Elizabeth</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Leonard Thompson</i>				How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	<i>(91)</i>	How long <i>three months</i>
Immediate <i>General Debility</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J. Archer</i>	Address <i>Bel Air Md</i>
<i>Accident or Suicide?</i>		



Name  
in  
Full

Anna Clarissa Trindle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bel Air</u> <sup>Town</sup>		<u>Harpers</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u> <sup>Month</sup>	<u>July</u> <sup>Day</sup>	<u>8</u> <sup>Age</sup>	<u>8</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Bel Air</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>Bel Air</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>James C. Trindle</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Elizabeth Triffin</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>James C. Trindle</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>8</u> hours
Immediate	<u>Collapse</u>	How long	<u>1 or 2</u> hours
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. F. Vait Bibber</u>
		Address	<u>Bel Air</u>
Accident or Suicide?	<u>No</u>		<u>Ind.</u>



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

*Unknown* *Bridge* County

*Killed on Gunpowder* *By* *166*

Date of death 1906 *July* *3rd* *11* Age *Not Known* Months Days

Sex *Male* Color or Race *White* Birth-place *Not Known*

Occupation *Not Known* Where Residing if not at place of death *Not Known*

Married, Single or Widowed *Not Known* Name of Wife or Husband *Not Known*

Father's Name *Not Known* Father's Birthplace *Not Known*

Mother's Maiden Name *Not Known* Mother's Birthplace

Name of person giving information *Coroner* How related to deceased

CAUSES OF DEATH

Physician  
OR CORONER

Primary Cause *Killed on Gunpowder Bridge* *166* How long

*By being hit by passing train* How long

Immediate Cause

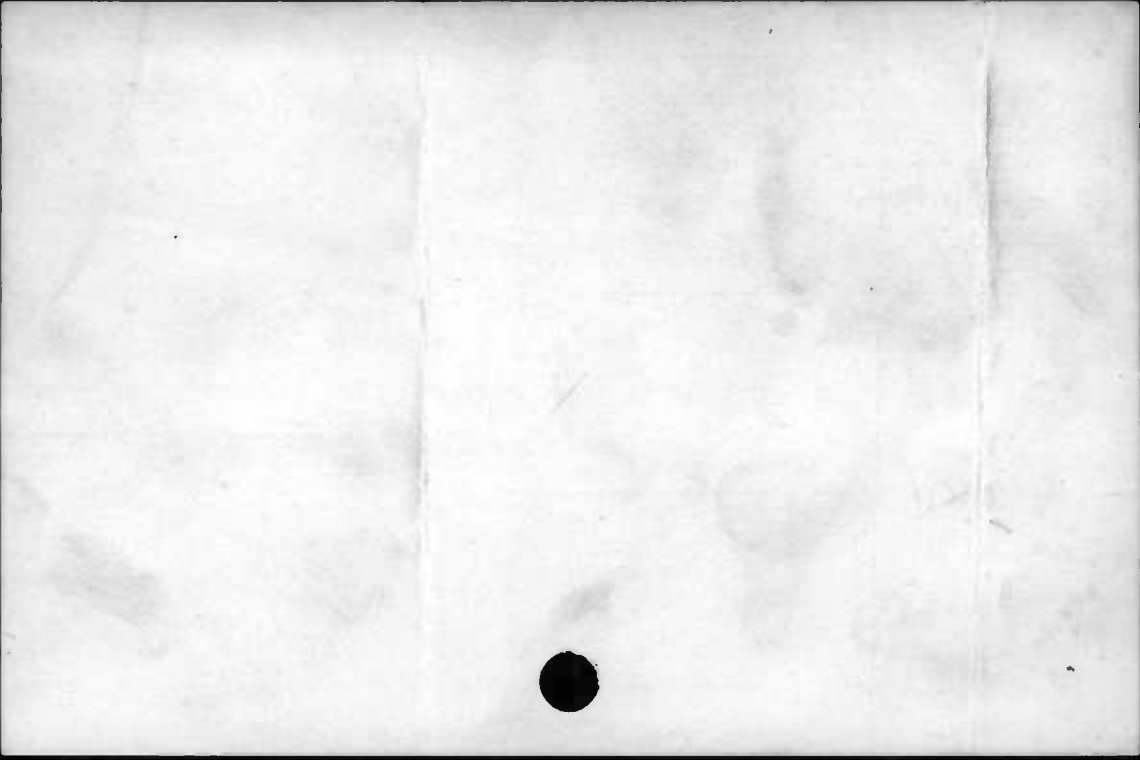
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *James F. Geben, Coroner*

Address *Chase*

*Balto Co Md*

Accident or Suicide? *Accident*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Wesley Watt</i>		Town <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Bel Air</i>		Month <i>July</i>		Day <i>26</i>		Age <i>84</i>	
Date of death <i>1906</i>		Months <i>4</i>		Days <i>4</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>England</i>			
Occupation		Where Residing if not at place of death <i>Bel Air</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John Watt</i>					
Father's Name <i>Wm H Gardner</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Ann Knorr</i>		Mother's Birthplace					
Name of person giving information <i>J. H. Watt</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>two weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William S. Archer</i>
	Address <i>Bel Air Md</i>
Accident or Suicide?	





Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth G. Watters

Died at Bel Air <sup>Town</sup> Harford <sup>County</sup> MARYLAND

Date of death 1906 <sup>Month</sup> July <sup>Day</sup> 23 Age 81 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race White Birth-place Ind.

Occupation — Where Residing if not at place of death Bel Air

~~Married~~ Single Widowed Married Name of Wife or Husband —

Father's Name Harry G. Watters Father's Birthplace Ind.

Mother's Maiden Name Mary Glendonin Mother's Birthplace Ind.

Name of person giving information John D. Watters How related to deceased Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Smiling 154 How long —

Immediate Brain leakage or softening How long Indefinite

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. H. Hattingsworth

Address —

Accident or Suicide?

Walters Meeting House

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Hill</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Forest Hill</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>James J. Mann</i>			Father's Birthplace <i>Harford Co.</i>				
Mother's Maiden Name <i>Margaret Lirigham</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mary Lirigham</i>			How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Comminuted</i>	How long <i>2 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Forest Hill Md</i>
Accident or Suicide? <i>—</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

Mary Ann Wilson

Died at <sup>Town</sup> *Havre de Grace* <sup>County</sup> *Harford*

MARYLAND

Date of death <sup>Month</sup> *July* <sup>Day</sup> *15* <sup>Years</sup> *81* <sup>Months</sup> *One* <sup>Days</sup> *23*Sex *Female* Color or Race *White* Birth-place *Cecil Co.*

Occupation

Where Residing if not  
at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *John Wilson*Father's Name *Jesse Irwin* Father's Birthplace *Cecil Co.*Mother's Maiden Name *Deborah L. Johnson* Mother's Birthplace *Cecil Co.*Name of person giving information *Charles Wilson* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Enteritis & Ulceration* <sup>How long</sup> *7 days*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

